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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**Declaration
Submitted
With Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)Attorney Docket
Number

12873/04605

First Named Inventor

Tom Sprinkle et al.

COMPLETE IF KNOWN

Application Number

10/601,729

Filing Date

June 23, 2003

Art Unit

3771

Examiner Name

12873/04605

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NASAL MASK

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

June 23, 2003

as United States Application Number or PCT International

Application Number

10/601,729

and was amended on (MM/DD/YYYY)

07/27/2007

(if applicable)

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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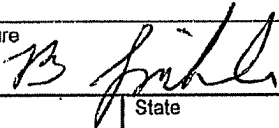
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WARNING:					
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NAME OF SOLE OR FIRST INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))			Family Name or Surname		
Thomas B.			Sprinkle		
Inventor's Signature 				Date	
				9/27/07	
Residence: City	State	Country	Citizenship		
Rocky River	OH	US	US		
Mailing Address					
20751 Beachwood Drive					
City	State	Zip	Country		
Rocky River	OH	44116	US		
<input checked="" type="checkbox"/> Additional Inventors or a legal representative are being named on the two supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.					

DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental SheetPage 3 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Mary B		Whitesel	
Inventor's Signature <i>Mary B. Whitesel</i>		Date <i>9-27-07</i>	
Grafton Residence: City	OH State	US Country	US Citizenship
18555 Menrell Road			
Mailing Address			
Grafton City	OH State	44044-9813 Zip	US Country
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Inventor's Signature		Date	
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Neal Joseph		Curran	
Inventor's Signature		Date	
Lakewood Residence: City	OH State	US Country	US Citizenship
17837 Lake Road			
Mailing Address			
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Given Name (first and middle (if any))		Family Name or Surname	
Valentina A.		Hodos	
Inventor's Signature <i>V. A. Hodos</i>		Date 9/27/07	
Cleveland Residence: City	OH State	US Country	US Citizenship
13904 Highlandview Avenue			
Mailing Address			
Cleveland City	OH State	44135 Zip	US Country
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		First Named Inventor	Tom Sprinkle et al.
COMPLETE IF KNOWN			
		Application Number	10/601,729
		Filing Date	June 23, 2003
		Art Unit	3771
		Examiner Name	12873/04605

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Inventor's Signature		Date	
Digitally signed by Neal J Curran DN: cn=Neal J Curran, c=US, email=njcurran@hotmail.com Date: 2007.11.16 08:33:44 -05'00'			
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PTO/SB/02A (07-07)
Approved for use through 08/30/2010 OMB 0551-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Mailing Address			
Lakewood City	OH State	44107 Zip	US Country

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet

Page 4 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Valentine A.		Hodos	
Inventor's Signature		Date	
Cleveland Residence: City	OH State	US Country	US Citizenship
13904 Highlandview Avenue			
Mailing Address			
Cleveland City	OH State	44135 Zip	US Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country

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